Doc 14 Filed 06/03/13

Debtor(s)

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

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Case No.  $\underline{\text{13-41315-HJB}}_{\text{(If known)}}$ 

#### SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTORS INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
Residence: 10 Leonard Street, Bradford, Essex County	Tenancy by the	J	236,500.00	388,816.30
	Entirety			

TOTAL

236,500.00

(Report also on Summary of Schedules)

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

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Debtor(s)

(If known)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

					1
	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1.	Cash on hand.		Cash around the house	J	20.00
2.	Checking, savings or other financial		Merrimack Valley Federal Credit Union Checking Accoount	W	767.81
	accounts, certificates of deposit or		Merrimack Valley Federal Credit Union Checking Account	Н	423.67
	shares in banks, savings and loan, thrift, building and loan, and		Merrimack Valley Federal Credit Union Savings Account	Н	1,188.84
	homestead associations, or credit unions, brokerage houses, or cooperatives.		Merrimack Valley Federal Credit Union Savings Account	w	5.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	Х			
4.	Household goods and furnishings, include audio, video, and computer equipment.		Household goods & furnishings	J	5,000.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	Х			
6.	Wearing apparel.		Clothing	J	500.00
7.	Furs and jewelry.		Ear rings, necklaces with pendents, wedding bands, engagemen ring	J	550.00
8.	Firearms and sports, photographic, and other hobby equipment.	Х			
9.	Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term insurance - no cash value	J	0.00
10.	Annuities. Itemize and name each issue.	Х			
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		ERISA Qualified 401(k) - valued at \$231 - not part of the Debtor's estate	W	0.00
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.	Х			

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Debtor(s)

(If known)

### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

	TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. 16. 17. 18.	Interests in partnerships or joint ventures. Itemize.  Government and corporate bonds and other negotiable and non-negotiable instruments.  Accounts receivable.  Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  Other liquidated debts owed to debtor including tax refunds. Give particulars.  Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  Contingent and noncontingent	x x x x	Pro rata share of Federal income tax refund	J	750.00
22. 23.	interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  Patents, copyrights, and other intellectual property. Give particulars.  Licenses, franchises, and other general intangibles. Give particulars.  Customer lists or other compilations containing personally identifiable	x x x			
26. 27. 28.	containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.  Automobiles, trucks, trailers, and other vehicles and accessories.  Boats, motors, and accessories.  Aircraft and accessories.  Office equipment, furnishings, and supplies.  Machinery, fixtures, equipment, and supplies used in business.  Inventory.	X X X X	2001 Ford F-150 (120,000 miles) 2003 Toyota Camry (180,000 miles) 2012 Toyota Corolla	H W W	3,723.00 2,519.00 12,881.00
	Animals.	Х			

Debtor(s)

Case No. <u>13-41315-HJB</u> (If known)

#### **SCHEDULE B - PERSONAL PROPERTY** (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
particulars.  33. Farming equipment and implements.  34. Farm supplies, chemicals, and feed.	X X X X			
		TO	ΓAL	28,328.32

**0** continuation sheets attached

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(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

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#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

Check if debtor claims a homestead exemption that exceeds \$155,675. \*

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

11 USC § 522(d)(5)	20.00 767.81 423.67 1,188.84 5.00	20.00 767.8 423.6 1,188.84
11 USC § 522(d)(5)  11 USC § 522(d)(5)  11 USC § 522(d)(5)  11 USC § 522(d)(5)	767.81 423.67 1,188.84	767.8 <sup>-</sup> 423.6 <sup>-</sup>
11 USC § 522(d)(5)  11 USC § 522(d)(5)  11 USC § 522(d)(5)	423.67 1,188.84	423.67
11 USC § 522(d)(5) 11 USC § 522(d)(5)	1,188.84	
11 USC § 522(d)(5)		1,188.84
	5.00	
		5.00
11 USC § 522(d)(3)	5,000.00	5,000.00
11 USC § 522(d)(3)	500.00	500.00
11 USC § 522(d)(4)	550.00	550.00
11 USC § 522(d)(5)	750.00	750.00
11 USC § 522(d)(2)	3,723.00	3,723.00
11 USC § 522(d)(2)	2,519.00	2,519.0
	11 USC § 522(d)(4)  11 USC § 522(d)(5)  11 USC § 522(d)(2)	11 USC § 522(d)(3) 500.00 11 USC § 522(d)(4) 550.00 11 USC § 522(d)(5) 750.00 11 USC § 522(d)(2) 3,723.00

<sup>\*</sup> Amount subject to adjustment on 4/1/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain

Liabilities and Related Data. Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 6138			Installment, Opened 08/2006	T		Г	316,041.25	79,541.25
Bank of America, N.A. 450 American St. Simi Valley, CA 93065								
			VALUE \$ 236,500.00					
ACCOUNT NO.			Assignee or other notification for:					
Bank Of America 4161 Piedmont Pkwy Greensboro, NC 27410-8110			Bank of America, N.A.					
			VALUE \$					
ACCOUNT NO. 7091		J	Installment, Opened 08/2006				72,775.05	72,775.05
Residential Funding Corp. C/O Ocwen Loan Servicing, LLC P. O. Box 780 Waterloo, IA 50704-0780			VALUE \$ 236,500.00					
ACCOUNT NO.	+		Assignee or other notification for:					
FBCS, Inc. 5230 Washington St. Roxbury, MA 02132-6346			Residential Funding Corp.					
			VALUE \$					
1 continuation sheets attached			(Total of t		oage	e)	\$ 388,816.30	\$ 152,316.30
			(Use only on I		Tota page		\$ (Report also on	\$ (If applicable, report

Summary of Schedules.)

also on Statistical Summary of Certain Liabilities and Related Data.)

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## SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

			(Continuation Sneet)					
CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.	$\vdash$		Assignee or other notification for:	$^{+}$		l		
FBCS, Inc. P. O. Box 792 Fort Mill, SC 29716-0792			Residential Funding Corp.					
			VALUE \$					
ACCOUNT NO.			Assignee or other notification for:					
Ocwen Loan Servoing LLC 3451 Hammond Ave. Waterloo, IA 50702			Residential Funding Corp.					
			VALUE \$					
ACCOUNT NO. 5203			Installment				17,847.23	4,966.23
Toyota Financial Services P. O. Box 5855 Carol Stream, IL 60197								
			VALUE \$ 12,881.00					
ACCOUNT NO.  Toyota Motor Leasing 5005 N. River Blvd., NE Cedar Rapids, IA 52411-6634			Assignee or other notification for: Toyota Financial Services					
			VALUE \$					
ACCOUNT NO.								
			VALUE \$	-				
ACCOUNT NO.				$\dagger$	t	T		
			VALUE \$					
Sheet no. 1 of 1 continuation sheets attack Schedule of Creditors Holding Secured Claims	ned	to	(Total of	this		e)	\$ 17,847.23	\$ 4,966.23
			(Use only on		Tot pag		\$ 406,663.53	\$ 157,282.53

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)  $_{B6E\;(Official\;Case\;13-41315}$ Doc 14 Filed 06/03/13 Entered 06/03/13 15:18:14 Desc Main Document Page 8 of 34

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(If known)

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority

listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.
Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)
Domestic Support Obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals Claims of individuals up to \$2,775* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
Taxes and Certain Other Debts Owed to Governmental Units Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of an Insured Depository Institution Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).
* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.
continuation sheets attached

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(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT DISPUTED CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. DATE CLAIM WAS INCURRED AND AMOUNT CONSIDERATION FOR CLAIM. IF CLAIM IS (See Instructions Above.) SUBJECT TO SETOFF, SO STATE CLAIM W Revolving ACCOUNT NO. 1805 **AT&T Universal Card** P. O. Box 6500 Sioux Falls, SD 57117-6500 8.091.71 Revolving, Opened 07/2003 ACCOUNT NO. 9231 Capital One PO Box 30281 Salt Lake City, UT 84130-0281 2.438.18 Assignee or other notification for: ACCOUNT NO. Capital One Capital One Bank PO Box 30281 Salt Lake City, UT 84130 Assignee or other notification for: ACCOUNT NO. **Capital One** Gary H. Kreppel, P.C. Capital One Bank (USA) N.A. 33 Boston Post Road West, Ste. 590 Marlborough, MA 01752 Subtotal 10,529.89 4 continuation sheets attached (Total of this page)

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7640</b>		Н	Revolving, Opened 07/2005	Х	H	H	
Capital One Bank USA PO Box 30281 Salt Lake City, UT 84130-0281							1,005.00
ACCOUNT NO. <b>4233</b>		Н	Medical Service	$\forall$		П	,
Carecentrix C/O NCO Financial Systems, Inc. P. O. Box 3002, Dept. 33 Phoenixville, PA 19460-3002							70.08
ACCOUNT NO. <b>7076</b>		w	Medical Service, 12/07/2011	$\forall$			
Caritas Holy Family Hospital C/O MB ROI P. O. Box 4657 Timonium, MD 21094-4657							198.50
ACCOUNT NO. <b>0952</b>	t	Н	Medical Service, 9/21/12	$\forall$		П	
Chelsea MRI, P.C. 5077 Tamiami Trail East Naples, FL 34113-4128							
ACCOUNT NO. <b>2157</b>	$\vdash$	w	Revolving	$\dashv$	$\vdash$	Н	63.65
Home Depot Credit Services PO Box 790328 St. Louis, MO 63179		•••	Revolving				0.405.50
ACCOUNT NO.			Assignee or other notification for:	$\dashv$	$\vdash$		2,405.58
Card Service Center Procssing Center Des Moines, IA 50364-0001			Home Depot Credit Services				
ACCOUNT NO. 3496		w	Revolving, Opened 12/2002	$\forall$	H		
Home Depot/Citibank PO Box 6497 Sioux Falls, SD 57117-6497		_	3, 3, 1, 1 1 1 <u>1 1 1 1 1 1 1 1 1 1 1 1 1 1 </u>				
Sheet no. 1 of 4 continuation sheets attached to				C1	<u></u>		2,028.00
Sheet no1 of4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the	-	age	e)	\$ 5,770.81
			(Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the S Summary of Certain Liabilities and Relate	t als tatis	stica	n al	\$

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(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

		(	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6481	T	w	Ambulance, 10/26/12				
Lawrence Anes Serv LLC P. O. Box 464 Rutherford, NJ 07070							52.20
ACCOUNT NO. <b>ious</b>	$\vdash$	Н	Medical Service, 10/11-10/26/2012				02.20
Lawrence General Hospital River Edge Park 118 Lukens Drive New Castle, DE 19720-2727						-	487.00
ACCOUNT NO.	t		Assignee or other notification for:				
Gragil Associates, Inc. Lawrence General Hospital 29 Winter Street Pembroke, MA 02359			Lawrence General Hospital				
ACCOUNT NO. <b>3049</b>	T	w	Revolving, Opened 11/2008				
Macy's PO Box 8218 Mason, OH 45040-8218							4 700 00
ACCOUNT NO. <b>9660</b>	┝	w	Revolving, Opened 6/2000			Н	1,736.00
Macy's DSNB PO Box 8218 Mason, OH 45040			incoording, opened 6/2000			-	3,722.00
ACCOUNT NO. 6584	┢	Н	Medical Service, 06/20/2012, Collection Opened			Н	3,722.00
Merrimack Valley Health Services C/O Continental Credit Control 22 North Milpas Street, Ste. C Santa Barbara, CA 93103	1		01/2013				
		,					395.81
ACCOUNT NO. 2213	-	W	Medical Service, 12/07/2011				
Milford Anesthesia Associates C/O Peter Roberts & Associates, Inc. 231 E. Main Street, Ste. 201 Milford, MA 01751-2821							352.74
Sheet no 2 of 4 continuation sheets attached to				Sub			0 = 1 = = =
Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Relate	t als	Fota so o stica	al n	\$ <b>6,745.75</b>

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

Debtor(s)

Case No. <u>13-41315-H</u>JB (If known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

		((	Continuation Sheet)				
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>7916</b>		Н	Medical Service, 9/18-10/26/2012		T	T	
N.E. Ent. & Facial Plastic Surg 198 Massachusetts Avenue North Andover, MA 01845-4143							410.
ACCOUNT NO. 3907		w	Collection, Original Creditor: HSBC Consumer				710.
NCEP, LLC C/O Law Office Of John P. Frye, P.C. P. O. Box 13665 Roanoke, VA 24036-3665			Lending (USA) Inc. HFC ompany LLC				9,476.
ACCOUNT NO.		Н	Dental Service		T		
P. M. Gangi, D.M.D, Inc. 13 Branch Street, Ste. 2 Methuen, MA 01844-1963	-						110.
ACCOUNT NO. <b>1573</b>		W	Medical Service, 08/20/2012		H	l	110.
Pentucket Medical, LLC P. O. Box 8700 Lewiston, ME 04243-8700	-						
		Н	Revolving, Opened 06/2003		L	-	35.
ACCOUNT NO. 0306  Sams Club Attention Bankruptcy Department P. O. Box 105968 Atlanta, GA 30353	_		Revolving, Opened 00/2003				322.
ACCOUNT NO.			Assignee or other notification for:				022:
GECRB/Sams Club PO Box 965005 Orlando, FL 32896-5005			Sams Club				
ACCOUNT NO. 3048		W	Medical Service, 10/26/2012		H	$\vdash$	
Spicket Crna Services P. O. Box 464 Rutherford, NJ 07070	-						
2 0 4						Ļ	57.
Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of  (Use only on last page of the completed Schedule F. Rep  the Summary of Schedules, and if applicable, on the  Summary of Certain Liabilities and Rela	ort als Statis	oag Tot so c stic	e) al on al	\$ <b>10,411</b> .

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I. Case No. **13-41315-HJB** 

Debtor(s)

(If known)

### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

ACCOUNT NO. 0568 Trinity EMS, Inc. C/O Levy C. White, Esq. 20 William Street Lowell, MA 01852-2209  ACCOUNT NO. 0685 William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on Use of the Completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use only on last page of the completed Schedule F. Report also on Use				Continuation Sneet)				
Stellar Reovery Inc. Comcast 1327 Highway 2 W, Ste. 100 Kalispell, MT 59901  ACCOUNT NO. 0568  Trinity EMS, Inc. C/O Levy C, White, Esq. 20 William Street Lowell, MA 01852-2209  ACCOUNT NO. 0685  William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Shedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on	INCLUDING ZIP CODE, AND ACCOUNT NUMBER.	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	CONSIDERATION FOR CLAIM. IF CLAIM IS	CONTINGENT	UNLIQUIDATED	DISPUTED	OF
Stellar Reovery Inc. Comcast 1327 Highway 2 W, Ste. 100 Kalispell, MT 59901  ACCOUNT NO. 0568  Trinity EMS, Inc. C/O Levy C, White, Esq. 20 William Street Lowell, MA 01852-2209  ACCOUNT NO. 0685  William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Shedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on	ACCOUNT NO. 7692		Н	Collection Opened 06/2011	П		H	
Trinity EMS, Inc. C/O Levy C, White, Esq. 20 William Street Lowell, MA 01852-2209  ACCOUNT NO. 0685  William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Sheet no. 1 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on	Stellar Reovery Inc. Comcast 1327 Highway 2 W, Ste. 100	-						245.00
Trinity EMS, Inc. C/O Levy C. White, Esq. 20 William Street Lowell, MA 01852-2209  ACCOUNT NO. 0685  William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on list page of the completed Schedule F. Report also on Complete	ACCOUNT NO. 0568		w	Judgment, 09/28/2012			П	
ACCOUNT NO. 0685  William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on Incompleted Schedule F. Report also on Incom	Trinity EMS, Inc. C/O Levy C. White, Esq. 20 William Street	-						1,773.00
William H. Edwards 45 Stiles Road, Ste. 101 Salem, NH 03079-2850  60.1  ACCOUNT NO.  ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on Sche	ACCOUNT NO 0685		w	Medical Service, 12/07/2011			$\Box$	-
ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the completed Schedule F. Report also on (Use only on last page of the Completed Schedule F. Report also on (Use only on last page of the Completed Schedule F. Report also on (Use only on last page of the Compl	William H. Edwards 45 Stiles Road, Ste. 101							60.18
ACCOUNT NO.  ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Total  (Use only on last page of the completed Schedule F. Report also on	ACCOUNT NO.							
ACCOUNT NO.  Sheet no. 4 of 4 continuation sheets attached to Subtotal Schedule of Creditors Holding Unsecured Nonpriority Claims  (Use only on last page of the completed Schedule F. Report also on	ACCOUNT NO.	_						
Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Schedule of Creditors Holding Unsecured Nonpriority Claims  Total (Use only on last page of the completed Schedule F. Report also on	ACCOUNT NO.							
Sheet no. 4 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims  Schedule of Creditors Holding Unsecured Nonpriority Claims  Total (Use only on last page of the completed Schedule F. Report also on								
Schedule of Creditors Holding Unsecured Nonpriority Claims  (Total of this page)  Total  (Use only on last page of the completed Schedule F. Report also on	ACCOUNT NO.							
Schedule of Creditors Holding Unsecured Nonpriority Claims  (Total of this page)  Total  (Use only on last page of the completed Schedule F. Report also on	Sheet no4 of4 continuation sheets attached to							
the Summary of Schedules, and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 35,536.3	Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the S	is p T als atis	age Fota o o tica	e) al n al	

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Debtor(s)

IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

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Case No. 13-41315-HJB (If known)

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

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Debtor(s)

IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

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Case No. 13-41315-HJB

(If known)

**SCHEDULE H - CODEBTORS** 

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

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(If known)

IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

Debtor(s)

Case No. 13-41315-HJB

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current

Debtor's Marital Status	DEPENDENTS	OF DEBTOR AND	SPOUS	E		
Married	RELATIONSHIP(S): Daughter				AGE(S): <b>15</b>	
EMPLOYMENT:	DEBTOR			SPOUSE		
Occupation Name of Employer How long employed Address of Employer	х					
INCOME: (Estimate of average of	or projected monthly income at time case filed	)		DEBTOR		SPOUSE
	alary, and commissions (prorate if not paid mo		\$	3,332.07	\$	3,128.32
2. Estimated monthly overtime	,, , , , , , , , , , , , , , , , , , ,		\$		\$	
3. SUBTOTAL			\$	3,332.07	\$	3,128.32
4. LESS PAYROLL DEDUCTIO	NS				·	
a. Payroll taxes and Social Secu			\$	647.25	\$	586.21
b. Insurance	•		\$		\$	572.56
c. Union dues			\$		\$	
d. Other (specify) <b>Dental</b>			\$		\$	44.85
			\$		\$	
5. SUBTOTAL OF PAYROLL	DEDUCTIONS		\$	647.25	\$	1,203.62
6. TOTAL NET MONTHLY TA	AKE HOME PAY		\$	2,684.82	\$	1,924.70
7. Regular income from operation	of business or profession or farm (attach deta	iled statement)	\$		\$	
8. Income from real property	`	,	\$	550.00	\$	
9. Interest and dividends			\$		\$	
	port payments payable to the debtor for the del	btor's use or				
that of dependents listed above			\$		\$	
11. Social Security or other gover			Φ		Φ	
(Specify)			\$		\$	
12. Pension or retirement income			\$		\$ \$	
13. Other monthly income			\$		<b>a</b>	
(Specify)			\$		\$	
(Specify)			\$		\$	
			\$		\$	
14. SUBTOTAL OF LINES 7 T	HROUGH 13		\$_	550.00	\$_	
	<b>COME</b> (Add amounts shown on lines 6 and 1	4)	\$	3,234.82		1,924.70
I6. COMBINED AVERAGE M If there is only one debtor repeat t	<b>ONTHLY INCOME</b> : (Combine column total reported on line 15)	us from line 15;		\$	5,159.5	52

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

# $_{B6J\;(Official\;Form\;6J)}\underset{(12/07)}{Case}\underset{(12/07)}{13-4}1315$

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

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Debtor(s)

Case No. 13-41315-HJB

(If known)

4,649.38

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed

Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	2,263.18
a. Are real estate taxes included? Yes ✓ No		
b. Is property insurance included? Yes   No		
2. Utilities:		
a. Electricity and heating fuel	\$	300.00
b. Water and sewer	\$	69.11
c. Telephone	\$	150.00
d. Other See Schedule Attached	\$	146.00
	\$	
3. Home maintenance (repairs and upkeep)	\$	
4. Food	\$	731.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	18.00
7. Medical and dental expenses	\$	15.00
8. Transportation (not including car payments)	\$	379.50
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	
10. Charitable contributions	\$	43.17
11. Insurance (not deducted from wages or included in home mortgage payments)	·	
a. Homeowner's or renter's	\$	
b. Life	\$	
c. Health	\$ —	
d. Auto	\$ —	127.48
e. Other	φ ——	127140
c. Oulci	— ¢ —	
12. Taxes (not deducted from wages or included in home mortgage payments)	— <sup>ф</sup> —	
	¢	
(Specify)	— ¢ —	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	— • —	
	¢	250.04
a. Auto	2 —	356.94
b. Other	\$	
	\$	
14. Alimony, maintenance, and support paid to others	\$	
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other	\$	
	\$	
	\$	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if		

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

#### 20. STATEMENT OF MONTHLY NET INCOME

applicable, on the Statistical Summary of Certain Liabilities and Related Data.

****	
a. Average monthly income from Line 15 of Schedule I	\$ 5,159.52
b. Average monthly expenses from Line 18 above	\$ 4,649.38
c. Monthly net income (a. minus b.)	\$ 510.14

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I. Case No. <u>13-41315-HJB</u>

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

**Continuation Sheet - Page 1 of 1** 

Other Utilities (DEBTOR)

**Direct TV** 

101.00 Isp

45.00

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IN RE Isabelle-Alper, Cheryl A. & Alper, Allen I.

Debtor(s)

Case No

(If known)

#### **DECLARATION CONCERNING DEBTOR'S SCHEDULES**

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

	TOTA GIABLIA	TENERI OI	Elder Br	INDIVIDONE.	DEBIOR	
I declare under penalty of perjury that true and correct to the best of my know			ary and schedu	lles, consisting o	of19 she	eets, and that they are
Date: <b>May 29, 2013</b>	Signature:	Mult	1. Isabult	1- Alpur		
	Signature.	Cheryl A. Isabello	e-Alper	albe	<u> </u>	Debtor
Date: May 29, 2013	Signature:	(ince				(Joint Debtor, if any)
		Allen I. Alper		[If]	joint case, both	n spouses must sign.]
DECLARATION AND SIGNA	TURE OF NO	N-ATTORNEY BAI	NKRUPTCY PE	ETITION PREPA	RER (See 11 U	.S.C. § 110)
I declare under penalty of perjury that: (compensation and have provided the debto and 342 (b); and, (3) if rules or guidelines bankruptcy petition preparers, I have given any fee from the debtor, as required by that	r with a copy of s have been pro the debtor notice	f this document and a mulgated pursuant t	the notices and it to 11 U.S.C. § 1	nformation required 10(h) setting a m	ed under 11 U.s aximum fee for	S.C. §§ 110(b), 110(h), services chargeable by
Printed or Typed Name and Title, if any, of Bank	cruntcy Petition P	renarer	······	Social Sec	urity No (Require	ed by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not responsible person, or partner who signs t	an individual, s		e (if any), addre:			
Address						
Signature of Bankruptcy Petition Preparer				Date		
Names and Social Security numbers of all o is not an individual:	ther individuals	s who prepared or ass	sisted in preparin	ng this document,	unless the bankı	uptcy petition preparer
If more than one person prepared this doc	ument, attach a	dditional signed she	ets conforming	to the appropriate	e Official Form	for each person.
A bankruptcy petition preparer's failure to imprisonment or both. 11 U.S.C. § 110; 13		e provision of title 1	l and the Federo	al Rules of Bankr	uptcy Procedur	? may result in fines or
DECLARATION UNDER	PENALTY O	F PERJURY ON	BEHALF OF (	CORPORATIO	N OR PARTN	ERSHIP
I, the		_	ent or other off	ficer or an autho	rized agent of	the corporation or a
member or an authorized agent of the p (corporation or partnership) named as schedules, consisting of shee knowledge, information, and belief.	debtor in this	case, declare unde				
Data	C:					
Date:	_ Signature:			······································		
,		· · · · ·				
	•			(Pr	int or type name of indi-	vidual signing on behalf of debtor)
[An individual signing on be	half of a partr	nership or corpora	ition must indi	cate position or	relationship t	o debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B6 Summary (Form 6 - Summary) (12/07) Doc 14

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**District of Massachusetts** 

IN KE:			

Case No. <u>13-41315-HJB</u>

Desc Main

Isabelle-Alper, Cheryl A. & Alper, Allen I.

Chapter 13

Debtor(s)

#### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 236,500.00		
B - Personal Property	Yes	3	\$ 28,328.32		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 406,663.53	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$ 35,536.36	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 5,159.52
J - Current Expenditures of Individual Debtor(s)	Yes	2			\$ 4,649.38
	TOTAL	18	\$ 264,828.32	\$ 442,199.89	

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IN RE:	Case No. <b>13-41315-HJB</b>
sabelle-Alper, Cheryl A. & Alper, Allen I.	Chapter 13
Debtor(s)	•

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

#### **State the following:**

Average Income (from Schedule I, Line 16)	\$ 5,159.52
Average Expenses (from Schedule J, Line 18)	\$ 4,649.38
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C	
Line 20)	\$ 6,650.77

#### State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 157,282.53
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 35,536.36
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 192,818.89

Document Page 22 of 34 **United States Bankruptcy Court District of Massachusetts** 

IN RE:	Case No. <b>13-41315-HJB</b>
Isabelle-Alper, Cheryl A. & Alper, Allen I.	Chapter 13
Debtor(s)	

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Ouestions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Ouestions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives: affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101(2),(31).

#### 1. Income from employment or operation of business

None State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

14,970.53 2013 Wife's Wages

28,783.39 2012 Wife's Wages

31,667.33 2011 Wife's Wages

13,522.62 2013 Husband's Wages

0.00 2012 Husband's Wages

27,305.41 2012 Husband's Wages

36,840.96 2011 Husband's Wages

#### 2. Income other than from employment or operation of business

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

2,750.00 2013 Rent

6,600.00 2012 Rent

9,690.00 2011.Rent

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

None a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR DATES OF PAYMENTS PAID STILL OWING Toyota Financial Services \$356.94 per month 1,070.82 0.00

P. O. Box 5855

Carol Stream, IL 60197-0000

Federal Bond and Credit \$200 per month 400.00 0.00

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,255.\* If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None
a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT
AND CASE NUMBER
Trinity EMS Inc. vs. Cheryl
Isabelle-Alper, Docket Number
1238SC00568

NATURE OF PROCEEDING Smal CLaim

COURT OR AGENCY
AND LOCATION
Haverhill District Court, James P. Judgment
Ginty Blvd. P. O. VOx 1389,
Haverhill, MA 01831

Capital One vs, Allen Alper

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 5. Repossessions, foreclosures and returns

L

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

petition is not filed.)

**Ruth's House** 

Case 13-41315

7. Gifts

Doc 14

None

DATE various DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

1,500.00

**Used clothing** 

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b. List all property transferred by the debtor within ten years immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

None List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

None List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER **Daughter** 

DESCRIPTION AND VALUE OF PROPERTY Merrimack Valley Credit Union Merrimack Valley Credit Union Savings Account - \$268.74 LOCATION OF PROPERTY **Daughter has bank book** 

#### 15. Prior address of debtor

None If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

None If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

TTORE

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.



[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: May 29, 2013 Signature

Date: May 29, 2013

of Debtor

Signature

of Joint Debtor (if any)

o continuation pages attached

Cheryl A. Isabelle-Alper

Allen I. Alper

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

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Case 13-41315 Doc 14 Filed 06/03/13 Entered 06/03/13 15:18:14 Desc Main Document Page 27 of 34 B22C (Official Form 22C) (Chapter 13) (04/13) According to the calculations required by this statement: The applicable commitment period is 3 years. ☐ The applicable commitment period is 5 years. In re: Isabelle-Alper, Cheryl A. & Alper, Allen I. ☐ Disposable income is determined under § 1325(b)(3). Case Number: 13-41315-HJB Disposable income is not determined under § 1325(b)(3). (If known)

(Check the boxes as directed in Lines 17 and 23 of this statement.)

#### CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Part I. REP	ORT OF INCOME		
	a. [	ital/filing status. Check the box that applies and Unmarried. Complete only Column A ("Debta Married. Complete both Column A ("Debta	tor's Income") for Lines 2-10.		
1	the s	igures must reflect average monthly income receivix calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly incodivide the six-month total by six, and enter the re	case, ending on the last day of the me varied during the six months, you	Column A Debtor's Income	Column B Spouse's Income
2	Gros	ss wages, salary, tips, bonuses, overtime, comm	issions.	\$ 3,332.07	\$ 2,768.70
3	a and one b attac	me from the operation of a business, profession denter the difference in the appropriate column(s) business, profession or farm, enter aggregate number. Do not enter a number less than zero. Do nses entered on Line b as a deduction in Part I			
	a.	Gross receipts	\$		
	b.	Ordinary and necessary operating expenses	\$		
	c.	Business income	Subtract Line b from Line a	\$	\$
4	diffe	t and other real property income. Subtract Line rence in the appropriate column(s) of Line 4. Do not not any part of the operating expenses enter IV.  Gross receipts			
	b.	Ordinary and necessary operating expenses	\$ 550.00 \$		
	c.	Rent and other real property income	Subtract Line b from Line a	\$ 550.00	\$
5	5 Interest, dividends, and royalties.				\$
6	6 Pension and retirement income.			\$	\$
7	expe that by th	amounts paid by another person or entity, on a nses of the debtor or the debtor's dependents, purpose. Do not include alimony or separate maine debtor's spouse. Each regular payment should be nent is listed in Column A, do not report that payment should be not report that payment is listed in Column A, do not report that payment should be not payme	\$	\$	

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8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.  However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:  Unemployment compensation claimed to be a benefit under the								
	Social Security Act	Debtor \$	Spouse	\$		\$		\$	
9	Income from all other sources. Specisources on a separate page. Total and a maintenance payments paid by your or separate maintenance. Do not include Act or payments received as a victim of international or domestic terrorism.  a.  b.	enter on Line 9. <b>Do not inc</b> spouse, but include all of ude any benefits received u	lude alim her payn inder the	ony or separa nents of alimon Social Security	m	\$		\$	
10	<b>Subtotal.</b> Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total		ompleted,	add Lines 2		\$	3,882.07		2,768.70
11	<b>Total.</b> If Column B has been complete and enter the total. If Column B has no Column A.					\$			6,650.77
-	Part II. CALCUL	ATION OF § 1325(b)(4	I) COM	MITMENT I	PER	IOD	)		
12	Enter the amount from Line 11.							\$	6,650.77
13	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						ome of paid on w, the rt of		
	b.				\$				
	c.				\$				
	Total and enter on Line 13.							\$	0.00
14	Subtract Line 13 from Line 12 and e	enter the result.						\$	6,650.77
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.						\$	79,809.24	
16	Applicable median family income. E household size. (This information is ay the bankruptcy court.)						rk of		
	a. Enter debtor's state of residence: Ma	essachusetts	b. Ente	er debtor's hou	seho	ld siz	ze: _ <b>3</b> _	\$	82,495.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.  ✓ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.								
	The amount on Line 15 is not less period is 5 years" at the top of page					app.	licable cor	nmıt	ment
	Part III. APPLICATION OF	F § 1325(b)(3) FOR DE	TERMI	NING DISPO	SA	BLE	E INCOM	Œ	

Enter the amount from Line 11. 6,650.77 Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do 19 not apply, enter zero. \$ \$ b. \$ Total and enter on Line 19. \$ 0.00 \$ 20 Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result. 6,650.77 Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 21 \$ 12 and enter the result. 79,809.24 \$ 22 **Applicable median family income.** Enter the amount from Line 16. 82,495.00 **Application of § 1325(b)(3).** Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. 23 The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI. Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2) Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or 24A from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional \$ dependents whom you support. National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for 24B persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person a2. Allowance per person b1. Number of persons b2. Number of persons c1. Subtotal c2. Subtotal \$

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<b>B22C</b> (	Official Form 22C) (Chapter 13) (04/13)				
25A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter and Utilities Standards; non-mortgage expenses for the applicable county a information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the ban family size consists of the number that would currently be allowed as exert tax return, plus the number of any additional dependents whom you support	and family size. (This kruptcy court). The applicable aptions on your federal income	\$		
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b				
	a. IRS Housing and Utilities Standards; mortgage/rental expense	\$			
	b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a	\$		
26	and 25B does not accurately compute the allowance to which you are entitl Utilities Standards, enter any additional amount to which you contend you for your contention in the space below:		\$		
	Local Standards: transportation; vehicle operation/public transportation and expense allowance in this category regardless of whether you pay the example regardless of whether you use public transportation.				
	Check the number of vehicles for which you pay the operating expenses or expenses are included as a contribution to your household expenses in Line	1 0			
27A	$\square 0 \square 1 \square 2$ or more.				
	If you checked 0, enter on Line 27A the "Public Transportation" amount fr Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Ope Local Standards: Transportation for the applicable number of vehicles in the Statistical Area or Census Region. (These amounts are available at <a amount="" applicable="" from="" href="www.us.google.com/www.us.google.com&lt;/td&gt;&lt;td&gt;erating Costs" irs="" metropolitan<="" ne="" td=""><td>\$</td></a>	\$			
27B	Local Standards: transportation; additional public transportation expenses for a vehicle and also use public transportation, and you contend additional deduction for your public transportation expenses, enter on Line Transportation" amount from IRS Local Standards: Transportation. (This a	that you are entitled to an 27B the "Public"			

\$

www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)

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,						
	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)					
	<u> </u>	2 or more.				
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. <b>Do not enter an amount less than zero.</b>					
	a.	IRS Transportation Standards, Ownership Costs	\$			
	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$			
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$		
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards:					
29	the to	sportation (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the baptal of the Average Monthly Payments for any debts secured by Vehic act Line b from Line a and enter the result in Line 29. <b>Do not enter a</b>	le 2, as stated in Line 47;			
	a.					
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	\$			
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$		
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.					
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are					
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of					
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.					
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not					
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously					

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38	Total Expenses Allowed under IRS Standards. Ente	er the total of Lines 24 through 37.	\$		
		xpense Deductions under § 707(b) enses that you have listed in Lines 24-37			
	Health Insurance, Disability Insurance, and Health expenses in the categories set out in lines a-c below th spouse, or your dependents.				
	a. Health Insurance	\$			
	b. Disability Insurance	\$			
39	c. Health Savings Account	\$			
	Total and enter on Line 39		\$		
	If you do not actually expend this total amount, sta the space below:	te your actual total average monthly expenditures in			
	\$				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				
41	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.				
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.				
43	Education expenses for dependent children under a actually incur, not to exceed \$156.25 per child, for attored secondary school by your dependent children less than trustee with documentation of your actual expenses is reasonable and necessary and not already account	endance at a private or public elementary or 18 years of age. You must provide your case s, and you must explain why the amount claimed	\$		
44	Additional food and clothing expense. Enter the total clothing expenses exceed the combined allowances for National Standards, not to exceed 5% of those combined www.usdoj.gov/ust/ or from the clerk of the bankrupted additional amount claimed is reasonable and necessary.	r food and clothing (apparel and services) in the IRS and allowances. (This information is available at ey court.) You must demonstrate that the	\$		
45	Charitable contributions. Enter the amount reasonable charitable contributions in the form of cash or financial in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount income.	al instruments to a charitable organization as defined	\$		

Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.

\$

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DZZC (	222 (Official Form 220) (Chapter 13) (04/13)							
		S	Subpart C	C: Deductions for De	ebt Payment			
<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.								
47		Name of Creditor	Property	Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?		
	a.				\$	□ yes □ no		
	b.				\$	yes no		
	c.			Total: Ad	Id lines a, b and c.	yes no		
							\$	
Other payments on secured claims. If any of debts listed in Line 47 are secure residence, a motor vehicle, or other property necessary for your support or the styou may include in your deduction 1/60th of any amount (the "cure amount") the creditor in addition to the payments listed in Line 47, in order to maintain posses cure amount would include any sums in default that must be paid in order to avo foreclosure. List and total any such amounts in the following chart. If necessary, separate page.						of your dependents, nust pay the the property. The ssession or		
48		Name of Creditor		Property Securing t	the Debt	1/60th of the Cure Amount		
	a.					\$		
	b.					\$		
	c.					\$		
					Total: Ad	ld lines a, b and c.	\$	
49	such	nents on prepetition priority cl as priority tax, child support and ruptcy filing. Do not include cu	alimony	claims, for which you	were liable at the ti	ime of your	\$	
		pter 13 administrative expense esulting administrative expense.	s. Multipl	y the amount in Line	a by the amount in I	Line b, and enter		
	a.	Projected average monthly Cha	pter 13 p	an payment.	\$			
50	b.	schedules issued by the Execut Trustees. (This information is a	nrent multiplier for your district as determined under nedules issued by the Executive Office for United States ustees. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy urt.)		X			
	c.	Average monthly administrativ case	rative expense of Chapter 13		Total: Multiply Lines a and b		\$	
51	51 <b>Total Deductions for Debt Payment.</b> Enter the total of Lines 47 through 50.							
	Subpart D: Total Deductions from Income							

**Total of all deductions from income.** Enter the total of Lines 38, 46, and 51.

#### **B22C** (Official Form 22C) (Chapter 13) (04/13) Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) 53 \$ **Total current monthly income.** Enter the amount from Line 20. Support income. Enter the monthly average of any child support payments, foster care payments, or 54 disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. \$ Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required 55 repayments of loans from retirement plans, as specified in § 362(b)(19). \$ Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. 56 Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable. Amount of 57 Nature of special circumstances expense a. \$ b. c. Total: Add Lines a, b, and c \$ Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and 58 enter the result. \$ 59 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. Part VI. ADDITIONAL EXPENSE CLAIMS Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses. **Expense Description** Monthly Amount 60 a. \$ b. \$ c. Total: Add Lines a, b and c Part VII. VERIFICATION I declare under penalty of perjury that the information provided in this statement is true and correct. (If this a joint case, both debtors must sign.) 61 Date: May 29, 2013 Signature: Date: May 29, 2013 Signature: